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**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: ☒ original.

(check one)

☐ design.

☐ supplemental.

☐ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

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**SYSTEM AND METHOD FOR MANAGING INCENTIVE OFFERS**

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**SPECIFICATION IDENTIFICATION**

the specification of which:

(a) ☒ is attached hereto.

(b) ☐ was filed on \_\_\_\_\_, as Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (*if applicable*).

(c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_, filed  
on \_\_\_\_\_ and as amended under PCT Article 19 on  
\_\_\_\_\_ (*if applicable*).

## **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

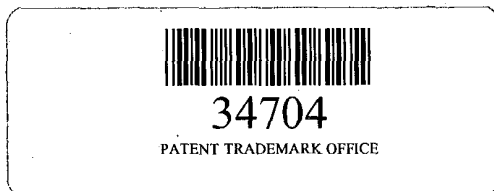
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

## **POWER OF ATTORNEY**

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.



### **SEND CORRESPONDENCE TO:**

The above Customer Number.

### **DIRECT TELEPHONE CALLS TO:**

Barry L. Kelmachter  
(203) 777-6628 - ext. 112

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

**Full name of sole or first inventor:**

\_\_\_\_\_  
(signature)

Name: **Mark Smith**

Date: \_\_\_\_\_

Country of Citizenship: **USA**

Residence Address:

**201 North Main Street  
West Hartford, CT 06107**

Post Office Address: (SAME AS ABOVE)

**Full name of second joint inventor, if any:**

\_\_\_\_\_  
(signature)

Name: **Tim Halfman**

Date: \_\_\_\_\_

Country of Citizenship: **USA**

Residence Address:

**12 Waterbury Lane  
Schaumburg, IL 60193**

Post Office Address: (SAME AS ABOVE)

**Full name of third joint inventor, if any:**

\_\_\_\_\_  
(signature)

Name: **Brian Rock**

Date: \_\_\_\_\_

Country of Citizenship: **USA**

Residence Address:

**21342 North Grove Drive  
Kildeer, IL 60047**

Post Office Address: (SAME AS ABOVE)

**Full name of fourth joint inventor, if any:**

\_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence Address:

Post Office Address:

THIS DECLARATION ENDS WITH THIS PAGE.